

# Self-Care & Dependent-Care & Nursing

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The Official Journal of the International Orem Society

## From the President

With the change from newsletter format to peer-reviewed journal, the IOS is taking one more step in fulfilling its mission to provide a forum to advance nursing science and scholarship using Orem's conceptualizations of nursing. Those of us who have worked with these conceptualizations understand their value. The SCDNT is a living, growing model for structuring nursing knowledge, advancing nursing science and, most importantly, improving nursing practice.

It is now 30 years since Orem first presented her ideas to the nursing public in her book *Nursing: Concepts of Practice* (1972). In the years that followed, nursing theory and models flourished and withered. In many educational programs, nursing theory is viewed from a historical perspective. Students inquire as to the reasons for the development of the theory and the personal aspects of Orem's life. But more and more, nursing scholars and scientists are coming to understand and value the work of Orem and others in advancing nursing knowledge and the practice of nursing. I expect that each issue will demonstrate the

growing importance of this perspective of nursing and the associated sciences of self-care and dependent care. I would especially like to thank the editor, Michael Morgan, and the members of the editorial advisory and review panels for moving us forward toward the goal. I would encourage all of you to submit articles for publication.

The IOS, in conjunction with the Sinclair School of Nursing, University of Missouri-Columbia, are presenting the 7th international Self-care Conference in Atlanta, GA, Nov. 1-3, 2002. The program is set, the brochures have been mailed out. Information about the conference is available on the IOS web site ( or by contacting Nursing Outreach and Distance Education, MU Sinclair School of Nursing, S266 School of Nursing, University of Missouri-Columbia, Columbia, MO 65211-4120. Phone 573-882-0215. Fax 573-884-4544. ■

I look forward to seeing you in Atlanta.

Susan G. Taylor, PhD, RN, FAAN  
President IOS

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## Information For Authors

The editor of *Self-care, Dependent-care, and Nursing*, The Journal of the International Orem Society for Nursing Science and Scholarship, welcomes manuscripts that address the mission of the Journal. Send the manuscript via email attachment to [m.j.morgan@wayne.edu](mailto:m.j.morgan@wayne.edu) Use Microsoft Word or WordPerfect format for the attachment. For surface mail, send to *Michael J. Morgan, MPH, PhD, RN*, Editor, *Self-care, Dependent-care, and Nursing*, WSU College of Nursing, 374 Cohn, 5557 Cass Avenue, Detroit, MI 48202 USA

Manuscripts may be forwarded to associate editors. In general, manuscripts from the Americas and East Asia will be reviewed by the editor. Manuscripts from Europe, Africa, and Western and South Asia will be reviewed by *Associate Editor, Georges C.M. Evers, RN, PhD, FEANS*, Centre for Health Services and Nursing Research, Faculty of Medicine, Catholic University Leuven, Kapucijnenvoer 35, B-3000 Leuven, Belgium. His email is: [georges.evers@med.kuleuven.ac.be](mailto:georges.evers@med.kuleuven.ac.be).

### M i s s i o n

*To disseminate information related to the development of nursing science and its articulation with the science of self-care.*

### V i s i o n

*To be the venue of choice for interdisciplinary scholarship regarding self-care.*

### V a l u e s

*We value scholarly debate, the exchange of ideas, knowledge utilization, and development of health policy that support self- and dependent-care.*

### INTELLECTUAL PROPERTY

Authors submit manuscripts for consideration solely by SCDCN editors. Accepted manuscripts become the property of SCDCN, which retains exclusive rights to articles, their reproduction, and sale. It is the intention of the editor to facilitate the flow of information and ideas. Authors are responsible for checking the accuracy of the final draft. One author must be clearly identified as the lead, or contact, author who must have email access.

### MANUSCRIPT PREPARATION

Use standard English. The cover page must include the author's Full Name, Title, Mailing Address, Telephone number, and email address. *No identifying information is to be found on subsequent pages.* Include a brief abstract followed by MeSH key words to facilitate indexing.

The use of metric and International Units is strongly encouraged. Titles should be descriptive but short. Full-length articles should not exceed 15 double-spaced pages. Use of the *Publication Manual of the American Psychological Association*, 5<sup>th</sup> edition, is strongly encouraged but not mandatory. When required by national legal or ethical regulations, research-based manuscripts should contain a statement regarding protection of human subjects.

### REVIEW PROCESS

Manuscripts are reviewed anonymously. Authors are cautioned to not identify themselves in the body of the manuscript. Identifying information appears only on the cover page.

The lead author will be notified by email of the editor's decision regarding publication. ■

# Teaching Strategies For Fostering Concept Attainment And Student Responsibility

Violeta Berbiglia and Jennifer Saenz

## INTRODUCTION

The development of an undergraduate nursing elective, Nursing Concepts: Self-Care, has resulted in a course that is extremely effective in accomplishing the overall course goals of concept attainment and fostering student responsibility. The course was designed to teach the application of Self-care Deficit Nursing Theory concepts to the care of self and others. The teaching strategies were developed and refined in the first two offerings and fully implemented in the third offering. The authors wish to share with other educators the strategies used to accomplish the goals.

The course, conducted using the Cooperative Learning Classroom Instruction Model (CLCIM) (Beck, 1995) and the Concept Attainment Model (CAM) (Joyce & Weil, 1986), introduces the undergraduate nursing student to Orem's Self-Care Deficit Nursing Theory (SCDNT) (Orem, 1995). The SCDNT concepts addressed are: self-care, dependent-care, self-care deficit, nursing system, self-care agency, basic conditioning factors, universal self-care requisite, developmental self-care requisite, health-deviation self-care requisite, therapeutic self-care demand, and helping methods. Concept attainment is accomplished through the analysis of selected literature and media and the application of the self-care theoretical framework to the care of self and others. Student responsibility is fostered through cooperative learning strategies and a focus on student self-care (self-responsibility). The authors

will discuss their underlying philosophical bases, the CAM, the CLCIM, selected learning experiences, and student outcome.

## PHILOSOPHICAL BASES

### Self-care Deficit Nursing Theory

The authors believe that the SCDNT provides an organizing framework for nursing. Nursing is a response to the incapacity of the individual to take care of self or dependents. Three sub-theories articulate with one another to express the general theory. The Theory of Self-care describes self-care as a distinct human regulatory function that must be learned and deliberately performed. The Theory of Self-care Deficit posits that persons with health-related limitations may become completely or partially unable to care for self or dependents. The Theory of Nursing System provides the structure and the content of nursing practice. The SCDNT guides nursing in a way that places the focus on the self-care related needs of the person and the appropriate nurse role.

### Educational philosophy

The philosophical bases that influenced the choice of teaching strategies for this course are supportive of active learning strategies.

## STUDENT CENTERED APPROACH

A student-centered approach places the student in an active role in designing, implementing and evaluating learning activities. The educator is viewed as a caring person,

*continued on page 4*

## Departments

### Original Manuscripts

Scientific or theoretical interest. Subjected to full peer review.

### Brief Reports

Abstracts of dissertations (abstracts will be required to contain results); clinical case reports regarding self-care, self-care deficit, or nursing care systems; project reports.

### IOS News

News of the International Orem Society for Nursing Science and Scholarship

### Conference Notices

Reports of proceedings; calls for abstracts related to self-care are encouraged.

### Book reviews

In-depth reviews will include the strengths and weaknesses of a book and must contain the author's specific recommendation regarding the book.

### Editorial

Letters to the editor are encouraged. Occasionally, editorials will be invited. ■

concerned with student perspectives, who uses methods that assure students active voices (Belenky, Clinchy, Goldberger, & Tarule, 1986).

### **Process-Centered Curriculum**

Students are not passive receptacles into which we pour knowledge. By focusing on the process of learning, the student attains the ability to access knowledge – not just the learning of content through rote memorization. Students are prepared to be life-long learners. The process of learning is ultimate in this age when nursing knowledge continues to build to an unmanageable size.

### **Cognitive Field Learning Theory**

Field theory, closely aligned with holism and process philosophy, assumes that behavior and learning are characterized by a dynamic interaction of energy fields. Bevis emphasized the role of the self in cognitive field theory: “Self is an emerging, becoming concept that is *always* in the making” (1989, p. 81). Bigge (1982) theorized that the self acts to take responsibility for accomplishing goals; interact with others in the life field to attain values and goals; form an “ideal” self; and reflect on the meaning of self for the past and the future.

In summary, these philosophical bases are foundational to the authors’ strong belief in the importance of students becoming actively involved in their learning. The instructional model chosen to facilitate active learning was the Cooperative Learning Classroom Instruction Model (CLCIM).

### **COOPERATIVE LEARNING CLASSROOM INSTRUCTION MODEL**

The CLCIM emphasizes using collaborative learning and placing the responsibility for learning on the student. The model was developed by Beck (1995) in her action research. Beck tested the use of feminist pedagogy and cooperative learning as a teaching strategy in two sections of a professional nursing course for registered nurses pursuing their baccalaureate degree. The course content focused on concepts specific to professional nursing practice. Beck adopted

the five basic feminist process goals set by Hezekian (1993): atmosphere of mutual respect; trust and community; shared leadership; cooperative structure integration of cognitive and affective learning; action-oriented field work. In addition, Wheeler and Chinn’s feminist process (1989/1991) was used as the format for group discussion.

The resulting model for the course integrates 4 components: (a) the course’s implementation and evaluation; (b) the principles of group process, (c) the classroom format (organization, small group work, large group discussion); and (d) faculty and student interactions. Beck (1995) characterized the roles of the teacher as: planner, clarifier, stimulator, coordinator, and evaluator. Student roles included behavior that shows: self-responsibility, involvement with each other, shared group leadership, respect of group members, and self-evaluation.

The CLCIM’s emphasis on active learning requires activities that involve the student in processing information and amplifying incoming data with what is already known. This instructional model sets the parameters in this course for selection of learning experiences and for strengthening student self-responsibility.

### **CONCEPT ATTAINMENT MODEL**

Success in the course rests on student attainment of the SCDNT concepts and the ability to apply the SCDNT conceptual framework to the care of self and others. The SCDNT conceptual framework provides the cognitive/concept map that gives meaning to events and objects. The CAM supports meaningful learning. Educators “...guide students to inductively derive an abstract - generic idea - a concept using pattern recognition and categorizing skills and then help them deductively apply the concept in new situations” (Pritchard, 1994, p.4). One positive aspect of using the CAM is the generalizeability to subject matter. In order to wholly implement the CAM, the course faculty followed the advice of Joyce and Weil (1986): Select significant and appropriate concepts; Develop positive and negative exemplars; Guide students through

careful observation; Guide students through analysis and work with hypotheses; Create activities in which students can apply concepts; and Find ways to help students think about their thinking.

### **Selected Learning Experiences**

Students received an orientation to the CLCIM. The roles of the students and faculty were delineated, and an overview of teaching/learning experiences was presented. Small groups were organized and maintained throughout the semester. Cooperation and shared responsibility were emphasized. All classroom assignments required group process, application of readings, and critical thinking. Individual assignments completed outside of class encouraged the student's mastery of the application of SCDNT concepts to self and client. Examples of learning experiences are described below.

### **Educational Retreats**

The course began and concluded with an educational retreat. The objectives for the initial retreat were: Establish group rapport; Address student developmental self-care requisites; and Consider ramifications of the course. The format for the retreats was informal and included sharing a meal and getting acquainted. The initial retreat concluded with the faculty and students "telling their stories". The group shared the factors that went into making them who they are now as well as examples of how they cared for themselves. Their "stories" established a meaningful bond among the group. The final retreat concluded with playing "Self-Care Deficit Nursing Theory-Tell Me About It" (Berbiglia, 1994), followed by a group discussion to evaluate the course and the meaning the course took on for each student.

### **Self-Care Journal**

The Self-Care Journal assignment was designed to foster concept attainment and self-responsibility through the student's reflection on self-care. The journal provided a record of the student's progress in meeting self-care demands that were identified in the Self Responsibility for Health Self Assessment (Brackenridge Hospital Community Wellness Program, 1986). It was a personal, confidential assignment that was submitted to the faculty

at least four times during the semester.

The conceptual guide for the journal required to student to: State the self-care demand; Identify the demand as Universal Self-Care Demand, Developmental Self-Care Demand, or Health Deviation Self-Care Demand; Estimate the strength of your self-care agency to meet this demand; List self-care actions planned to meet the self-care demand; Include the regulatory and control measures desired for each action; Estimate the effectiveness of the self-care actions; and Comment on the degree to which the self-care demand was met.

### **Analysis of Theory-Based Journal Articles**

Alligood (1997) identified the role that nursing theory plays as an organizing framework and a critical thinking structure. The purpose of the analysis of articles assignments was to provide students with insights into the value of the use of the SCDNT structure in practice, research, and education. For example, the Guide for the Analysis of an Article on Practice required students to: Identify the practice focus and setting; Discuss the identified practice problems; Indicate the political ramifications of the practice; Determine the role nursing theory played in changing the practice; Specify which SCDNT concepts were used to change the practice; and Identify significant economic and cultural factors.

Each group read and analyzed 3 articles (practice, research, and education) and presented the analysis to the class. The insights gained expanded students' understanding of the guidance and applicability of the theory.

### **Gaming**

Duke (1975) recommended gaming as a method for addressing the gestalt. Gaming will work under almost any conditions and for learning almost any skill or concept. There is an enthusiasm about learning through educational games that is stimulating for student and teacher. The game, "Self-Care Deficit Nursing Theory - Tell Me About It" (Berbiglia, 1994), was designed to accomplish formative and summative evaluation on concept attainment of the SCDNT concepts. Groups compete to answer questions concerning the SCDNT from several categories: history, concepts, rationales, trivia, and student-generated questions. The

questions are taken from content that has been discussed in class and from students. The game, played early in the semester and again at the end of the semester, enlivens the learning environment and stimulates recall and clarification of facts and concepts. The winning group is presented a Texas Lotto ticket worth millions in the weekly drawing.

### Case Study

Slaninka commented: "Nursing theory in isolation from clinical practice makes it difficult for students to see the relevance of theory to 'real nursing'" (1999, p.3). The case study approach was chosen as a strategy for bringing the SCDNT to life through the assessment and planning for an actual client (Berbiglia, 1997). A practice case study was offered in class to illustrate the SCDNT concepts and to orient the students to the data collection and analysis process required for the out of class Case Study assignment. The data collected from the case were analyzed for basic conditioning factors and universal, health deviation, and developmental self-care requisites. The analysis of the data led to design of a nursing system. Insights from this learning experience transferred over to the assignment for the clinical application of the SCDNT.

### STUDENT OUTCOMES: SELF-RESPONSIBILITY AND CONCEPT ATTAINMENT

As a whole, the wide variety of learning experiences used in this course produced a dynamic learning environment for a nursing theory course. The constant focus on student self-responsibility enabled students to integrate self-care concepts into their knowledge

base and to value self-care.

Evaluation of the student outcome of self-responsibility included the student's self-evaluation in the course and the Self-care Journal.

Students benefited from CLCIM guided learning and became more responsible for their learning. While it was a new way of learning for most students, the only negative response to the model was related to an incident concerning inter-group conflict.

Student comments revealed areas of self-responsibility that the use of the CLCIM supported:

Student preparation; Group interaction; Involvement with others (beyond "polite/cordial"); Team work skills; Management of conflict; and Shared leadership.

*Throughout the course, the impact of the model on student participation and evolving self-responsibility could be observed.*

*Self-evaluation scores Scale of 0-3, with 0= "never" and 3= "always" on the CLCIM roles of the of the student are summarized in Table 1.*

**TABLE 1**  
**CLCIM Roles Scores**

Role	Mean Score
Self-responsibility	2.37
Involvement with each other	2.37
Shared group leadership	2.85
Respect of group members	2.46
Self-evaluation	2.46

Student outcome, as shown in the Self-Care Journal, revealed pronounced degrees of concept attainment and increased self-responsibility. Students defined self-responsibility in terms of their own self-care demands and identified the significant role that their increase in self-responsibility was playing in their lives. One student

commented: "It's kind of interesting how keeping a journal about yourself and your life makes you more aware. I'm sure it was your intention. However, I am not sure if you know to what depths it made some of us think—we would even discuss stuff on the way home and that's pretty unusual. This journal started out 'baby' form—buckling seat belts, not speeding, thinking about the meds I take—however I am extremely pleased where it is ending up."

Concept attainment was evaluated by the Case Study assignment. "This assignment is considered the capstone for the objective, Develop a basic understanding of Dorothea Orem's SCDNT." Most students performed

highly on it. The mean for attainment of the objective was 2.43 (on a scale of 1 to 3, with 3 being the greatest). The need to clarify concepts in this activity forced many students back into the course texts. They commented that Berbiglia's Case Study example (1997) was the most useful for this assignment.

### CONCLUSION

In conclusion, the overall goals of the course— concept attainment and fostering of self-responsibility— were met. It is evident in students' comments that the CLCIM guidance of their classroom experiences created a socially and intellectually stimulating learning environment, fostered a feeling of community, and reinforced self-responsibility. The personal impact of the application of self-care concepts to self was apparent in the lifestyle and attitudinal changes students made. Students attained the SCDNT concepts at more than a moderate degree.

*Violeta A. Berbiglia, RN, EdD is a retired educator and Jennifer Saenz, RN, BSN was a student at the time this manuscript was written. ■*

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# 7TH INTERNATIONAL SELF-CARE DEFICIT NURSING THEORY CONFERENCE

## The Practice of Nursing: Using and Extending Self-Care Deficit Nursing Theory

November 1-3, 2002  
JW Marriot-Lenox, Atlanta, Georgia USA

**October 31**  
Welcome Reception  
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*Sponsored by:*  
International Orem Society for Nursing Science and Scholarship  
MU Sinclair School of Nursing  
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The purpose of this conference is to provide a forum to discuss the challenges encountered in developing nursing knowledge to guide practice. The uniqueness of this conference is to provide a forum to discuss the challenges encountered in developing nursing knowledge to guide practice. This will be accomplished through formal paper presentations, poster sessions, small group discussions, and informal dialogue.

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You will have the opportunity to select from 80 papers submitted from nine countries as well as six outstanding plenary sessions including:

- Orem's Self-Care Deficit Nursing Theory: Actual and Potential Sources for Evidence-Based Practice – Jacqueline Fawcett PhD, RN, FAAN, Professor, College of Nursing and Health Sciences, University of Massachusetts-Boston
- Research Methods Appropriate for Development of Knowledge Related to SCDNT – Barbara Banfield PhD, RN, Farmington Hills, Michigan
- Holistic Application in Nearly Two Decades of Teaching, Research and Practice – Anna Biggs PhD, RN, Barnes College of Nursing at University of Missouri-St. Louis
- Dependent Care: The Odyssey Beyond 2001 – Connie Dennis PhD, RN, School of Nursing, Illinois Wesleyan University, Bloomington, Illinois
- Measurement of Dependent Care for Adults on Dialysis: Development of a Measure Sensitive to Gender and Work Status of the Dependent Care Agent – Martha E. (Beth) Horsburgh PhD, RN, College of Nursing, University of Saskatchewan; Saskatoon, Saskatchewan, Canada
- The Importance of the Interpersonal – Susan G. Taylor PhD, RN, FAAN, President of IOS; Professor Emerita, MU Sinclair School of Nursing, Columbia, Missouri

The registration fee for the conference is \$375 USD.

Room rates are \$159 USD/night, plus state and local tax.

The brochure will be sent out in the mail in mid-May, at which time it will also be available for download and on-line registration at [www.muhealth.org/~nursing/node](http://www.muhealth.org/~nursing/node) short and easy to read.

For more information contact:

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For more information about IOS and conference details:

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Self-care is any deliberate activity that we do in an effort to provide for our physical, mental, and spiritual well-being. It is important for workers in every field, but especially for nurses, who spend their working hours caring for others. Self-care reduces stress, replenishes a nurse's capacity to provide compassion and empathy, and improves the quality of care. It's also recommended by the American Nurses Association in its Code of Ethics. "Nursing can be a traumatic field to work in," says Wendy Mason, PhD and faculty member in the School of Nursing at Purdue University Global. "Nurses Orem's self-care deficit theory involves around the concept of self care Orem's theory has been called self care deficit theory of nursing, general theory of nursing self care deficit nursing theory, and self care theory of nursing But, The specific name for Orem's general theory of nursing, however, is self care deficit theory of nursing. "The individual's abilities to engage in self care or dependent care are conditioned by age, developmental status, health status etc.. Nursing is a legitimate service. Self care and dependent care are behaviors learned within a socio-cultural context. Definitions of domain concepts. Nursing is an art, a helping service, and a technology. Actions deliberately selected and performed by nurses to help individuals or groups under their care to maintain or change conditions in themselves or their environments. Encompasses the patient's perspective of health condition, the physician's perspective, and the nursing perspective. Nurse assists the patient or family in self care matters to achieve identified and described health and health related results. collecting evidence in evaluating results achieved against results specified in the nursing system design. Actions are directed by etiology component of nursing diagnosis. evaluation.